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IMPROVISING

I

DEAR EDITOR: I would suggest the following to hospital workers; Use the blue paper in which absorbent cotton is rolled for dressing covers. It stands sterilization well.

Richmond, Va.

II

DEAR EDITOR: For the benefit of the nurse who may be called to a case in the country, far from any place where hospital requisites are kept, or on a case where a douche pan is needed very hurriedly, an improvisation may be made quite easily by using a bake pan, commonly used for baking bread, dimensions about 10 inches x 16 x 2½. Place a board over the end of the pan for the patient's back to rest on. This may be kept in place either by cutting a groove around three sides where the pan rim touches or by tacking narrow strips of board on the under side. I used the latter method and found the pan satisfactory for either a douche pan or a bed pan.

Indiana.

M. S. E.

III

DEAR EDITOR: It is with no idea of presenting anything new that I send this suggestion, but hoping that it may catch the eyes of some of the recent graduates, just starting out to meet the trials and tribulations, as well as the joys, of private duty nursing. I want to recommend the use of a board across the rounded end of the tub, in a bathroom of limited space. As a place for basins and things of like kind, it is not only convenient but dispenses with the noise occasioned by putting them on the tiled floor, or in the tub. It can be used also for a small gas stove, if the room is too small to permit of a table. May I caution the nurse not to make unnecessary use of the improvised table? And forethought on her part, in removing the utensils from the board at times when she knows the tub is to be used, will not lessen the appreciation of her presence in the house.

New York.

"ONE WHO HAS BEEN THERE."

IV

DEAR EDITOR: Tuberculosis patients very seldom have warning or symptoms denoting hemorrhage and if severe it is enough to make anyone amazed and want to hurry. In our hospital, where we have a very practical and efficient method of treatment for hemorrhages, although not many cases are so afflicted, we have a drawer containing the following: a white enamel dish, 9 inches in diameter and 4 inches deep; a bundle of second grade surgical gauze, cut 4 x 4 for mouth wipes; a large paper sack; a two-ounce bottle of chloroform (used for inhalation); small tin ointment box of vaseline; two small muslin squares 18-24 to protect pillow and bed clothes; one ice cap with muslin cover.

This is all that is necessary for cases confined in the infirmary where the drug room may be reached easily. For a call from ambulatory cottages, we have in addition to the above articles a box about 8 x 4 inches containing: 1 sterile hypo wrapped in sterile cotton and cloth; 1 sterile hypo needle contained in sterile vial; 1 sterile hypo spoon in sterile cloth; 1 bottle of sterile water; 1 bottle of alcohol; 1 tube of morphine gr. ¼, atropine gr. ⅙; 1 tube of H. M. C. No. ii (mostly used here); 1 tube of strychnine gr. ⅙.

No hypodermics are given without an order from the physician (no standing order) but to obviate the necessity of returning to main drug room, if order be phoned to administer a hypo, the box is taken along with the usual hemorrhage requirements. Also this box is taken out by a nurse when called on any emergency which may arise in the cottage. Hung conveniently near this drawer is a written order for hemorrhage treatment, which in this institution consists of the following:

1. Get suitable basins, gauze, etc., as needed.
2. Protect bedding.
3. If possible elevate patient's head on two pillows and arrange basin so that when patient must expectorate he can do so by an inclination of the head only. Have any needed article within easy reach. Absolute rest is prescribed.
4. Use chloroform inhalations, first anointing lips and nostrils with vaseline.
5. When hemorrhage has ceased, so that you can leave patient, get ice bag and apply to left side, cardiac region.
6. As soon as hemorrhage has ceased, give $\frac{1}{10}$ gr. calomel every hour until gr. I has been given, follow with saline. If hemorrhage takes place in the early evening continue calomel until about 4 a.m. then about 6.30 a.m. give $\frac{1}{2}$ oz. magnesium sulphate.

Feed patients cereals or some softly cooked foods for first 24 hours then increase to more solid food. Watch for recurring hemorrhage every morning. Patient should be fed by nurse for three days after last hemorrhage. Constantly reassure patient but do not give morphine except by direct order of physician. If patient has incessant cough, relieve by codeine gr. $\frac{1}{4}$ every 2 hours. Allow patient to turn from side to side in bed after first 24 hours.

If suffering keenly from constant flat position allow him to change from side to side with nurse's help even before.

Howell, Michigan.

HARRIET R. GROFF.

NOTE. A communication from "A Neutral Nurse" cannot be published as it is not accompanied by the name and address of the writer.

The *Journal of the American Medical Association* has opened a campaign to secure the prohibition of the manufacture of methyl alcohol commonly known as "wood alcohol." The extreme danger attending the use of methyl alcohol, even when confined to external application, and particularly the danger of confusing the poisonous wood alcohol with grain alcohol, is the animus inspiring the *Journal's* editorial campaign, in which, as the mouthpiece of the American Medical Association, it must have the backing and coöperation of the members of the association. Recently three persons died and two others were made completely blind from drinking a cordial made partly of wood alcohol, says the *Journal of the American Medical Association*.